

Exhibit J



The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070
Phone: (281) 205-4400

December 20, 2018

To: Andrew Lis and Other Insured Dependents, if any
61 W 10th Street Apt 2A
New York, NY 10011

From: Compliance Officer
The Compliance Office
COBRA Administrator for Overland Express

IMPORTANT INFORMATION: COBRA Continuation Coverage and other Health Coverage Alternatives

This notice has important information about your right to continue your health care coverage in the Overland Express's (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

As a result of a Termination of Employment ("Qualifying Event") on 12/31/2018 ("Qualifying Event Date"), your coverage under Overland Express's group health benefit plan(s) (the "Plans") will end/has ended on 12/31/2018 (the "Loss of Coverage Date"). The purpose of this letter is to inform you of your rights and obligations regarding continuation of group health coverage according to a federal law called COBRA. It may be helpful to refer to the Summary Page of Important Information included with this package as you read this Notice. The Summary Page lists the group health plan coverage(s) you will lose as a result of your qualifying event.

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

Special Note: *If the address(es) shown above and on the Summary Page of this notice are not correct for each and every named Qualified Beneficiary, you must immediately notify the Plan Administrator identified on the Summary Page and provide correct addresses so that we can provide them with this notification and election form. Also, the terms "you" and "your" refer to each Qualified Beneficiary.*

What is COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Who are the qualified beneficiaries?

Each person ("qualified beneficiary") in the category(ies) identified on the COBRA Election Notice Information Summary Page under Coverage's Affected by this Qualifying Event can elect COBRA continuation coverage.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible. When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

If I elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last?

If elected, COBRA continuation coverage will begin on **01/01/2019** and can last until **06/30/2020**.

You may elect any of the coverage's listed on the COBRA Election Notice **Information Summary Page**. Continuation coverage may end before the date noted above in certain circumstances, like **failure to pay premiums, fraud, or the individual becomes covered under another group health plan**.

Can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. **You must notify The Compliance Office of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage.** If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage. For more information about extending the length of COBRA continuation coverage visit <http://www.dol.gov/ebsa/publications/cobraemployee.html>.

How much does COBRA continuation coverage cost?

Costs are detailed on the page entitled COBRA Coverage Continuation Premium Summary. Other coverage options may cost less. If you choose to elect continuation coverage, you do not have to send any payment with the Election Form. **However, your COBRA Coverage will not be activated until full payment is received.** Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

Important Information About Payment

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked/received). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. **You're responsible for making sure that the amount of your first payment is correct.** You may contact The Compliance Office to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due on the **first of the month.** If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period.

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to:

The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070

You do have the option to pay your premiums online. Please refer to the **COBRA Coverage Continuation Premium Summary** page.

Provider Networks: If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.

Drug Formularies: If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

Severance payments: If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.

Service Areas: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

Other Cost-Sharing: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information

This notice doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact:

**Compliance Officer
The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070
Phone: (281) 205-4400**

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Special rule for potential Second Qualifying Events

You are required to notify the COBRA Administrator identified on the Summary Page in writing within 60 days of any of the following events:

- Death of the covered employee
- Divorce or legal separation from the covered employee
- Covered employee becomes entitled to Medicare (limited application)
- Dependent child no longer meets the Plan's definition of a "dependent"

Keep Your Plan Informed of Address Changes

To protect your and your family's rights, keep the COBRA Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the COBRA Administrator.

Special rule for leaves of absence due to services in the Uniformed Services:

If a covered employee takes a leave of absence to perform services in the Uniformed Services (as addressed in the Uniformed Services Employment and Reemployment Act or "USERRA") that is expected to last 31 days or more, the covered employee may be able to continue health coverage for the employee and any covered dependents until the earlier of 24 months from the date the leave began or the date that the employee fails to return to work as required under USERRA. The cost to continue this coverage during the 24 month period is 102% of the applicable premium. The USERRA continuation period will run concurrent with the COBRA period described herein. The rights described in this Notice apply only to the COBRA continuation period. Notwithstanding anything to the contrary in this Notice, continuation of coverage during a military leave of absence covered under USERRA will be administered in accordance with requirements of USERRA.

ENCLOSURES:

- COBRA Election Notice Information Summary
- COBRA Coverage Continuation Premium Summary
- COBRA Election Form

COBRA Election Notice Information Summary Page

The summary information below lists pertinent facts regarding your COBRA Qualifying Event. This summary information is intended to assist you as you read through the remainder of this Election Notice. You should read this entire Election Notice carefully because it describes your rights and obligations under the COBRA law. You should keep this entire notice in a safe place and refer to it as needed.

COBRA Administrator All notices and other communications regarding the Plan and regarding COBRA must be directed to:

Compliance Officer
The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070

Coverages Affected by this Qualifying Event:

<u>Coverage</u>	<u>Last Day of Coverage</u>	<u>Maximum COBRA Coverage Duration</u>	<u>Current Tier</u>	<u>Qualified Beneficiaries</u>
Medical Medova Lifestyle Healthy 100-2500	12/31/2018	18 months (06/30/2020)	Employee + Child(ren)	Andrew Lis
Dental Principal Value Plan	12/31/2018	18 months (06/30/2020)	Employee + Child(ren)	Andrew Lis
Vision Principal	12/31/2018	18 months (06/30/2020)	Employee + Child(ren)	Andrew Lis

This Notice was Mailed to the Following Address(es) on December 20, 2018:

61 W 10th Street Apt 2A
New York, NY 10011

Special Note: *If the address(es) outlined on Page 1 of this notice are not correct for each and every named Qualified Beneficiary, you must notify Overland Express immediately and provide correct addresses so that we can provide them with this notification and election form. Also, the terms “you” and “your” refer to each Qualified Beneficiary.*

Qualifying Event and Date:

Termination of Employment
which occurred on
12/31/2018

Deadline to Request

Coverage Continuation:

03/01/2019

Deadline to Pay Initial Premiums:

In order for your COBRA coverage to be reinstated with the carrier(s). You must pay your Initial COBRA Premium within 45 days of the date you request coverage continuation.

COBRA Coverage Continuation Premium Summary
Overland Express

To: Andrew Lis

Instructions:

To elect continuation coverage, you must complete, sign and date the Election Form, and return it to The Compliance Office. If you elect, you must pay the "applicable premium" by the due dates described above.

You can pay your premiums by:

1. Check
1. Money Order
2. Online E-Check
3. Online Credit Card

The Compliance Office does **not** automatically draft your bank account or credit card for COBRA premiums. Please make your check or money order payable to: **The Compliance Office.**

Please mail your check or money order to:

The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070

If you mail your premium payment, your premium payment is considered made on the date you mail it as evidenced by the postmark date. You can pay via E-Check or Credit Card by using the attached myRSC participant login information.

Andrew Lis currently has the following and the premium for such coverage is as follows:

Medical Medova Lifestyle Healthy 100-2500

Current Tier: Employee + Child(ren)

Members: Andrew Lis

Available Tiers:

Employee Only	One Dependent	Employee + Child(ren)
\$ 632.64	\$ 632.64	\$ 1180.40

Dental Principal Value Plan

Current Tier: Employee + Child(ren)

Members: Andrew Lis

Available Tiers:

Employee Only	One Dependent	Employee + Child(ren)
\$ 25.17	\$ 25.17	\$ 65.55

Vision Principal

Current Tier: Employee + Child(ren)

Members: Andrew Lis

Available Tiers:

Employee Only	One Dependent	Employee + Child(ren)
\$ 6.80	\$ 6.80	\$ 15.05

COBRA Election Form for: Andrew Lis

Please make your elections on this page. You may elect one or more of the above benefits identified above only if active employees are allowed to separately elect the benefits. See page titled: **COBRA Coverage Continuation Premium Summary** for COBRA/SC monthly premiums.

Qualifying Event Date: 12/31/2018 **Last date of Coverage:** 12/31/2018 **Deadline for Election:** 03/01/2019

(Note: This form can be duplicated as needed if individual qualified beneficiaries are exercising their independent election rights. Unless the Qualified Beneficiary electing coverage specifically indicates self-only coverage, it will be assumed that the qualified beneficiary is choosing coverage for all other qualified beneficiaries.)

☐ **Medical Election (if applicable)** Coverage Type (as listed above): _____

Tier Type (EO, ES, EC, EF or Dependent Only) _____

Name of Individual Electing

Others Covered Under This Election

☐ **Dental Election (if applicable)** Coverage Type (as listed above): _____

Tier Type (EO, ES, EC, EF or Dependent Only) _____

Name of Individual Electing

Others Covered Under This Election

☐ **Vision Election (if applicable)** Coverage Type (as listed above): _____

Tier Type (EO, ES, EC, EF or Dependent Only) _____

Name of Individual Electing

Others Covered Under This Election

☐ **Other Election** _____ **(if applicable)** Coverage Type (as listed above): _____

Tier Type (EO, ES, EC, EF or Dependent Only) _____

Name of Individual Electing

Others Covered Under This Election

Statement of Understanding and Election: I have read and understand the COBRA Election Notice, which was sent to me along with this election form. I elect to continue coverage for the persons and plans I have indicated above pursuant to COBRA provisions.

Signature of Individual Electing COBRA Coverage:

Date Signed: _____

Return the COBRA Election form and the appropriate insurance company forms to:

**Compliance Officer
The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070**

Premium Payments

You may enclose your initial premium with your election to continue coverage. (See page 3 of your notice for information regarding premiums.) If you choose to do so, make your check or money order payable to The Compliance Office. Please write your social security number on the check or money order.

You can pay your premiums by:

1. Check
1. Money Order
2. Online E-Check
3. Online Credit Card

The Compliance Office does **not** automatically draft your bank account or credit card for COBRA premiums. Please make your check or money order payable to: **The Compliance Office.**

Please mail your check or money order to:

The Compliance Office
12777 Jones Road, Suite 332
Houston, TX 77070

If you mail your premium payment, your premium payment is considered made on the date you mail it as evidenced by the postmark date.

You can pay via E-Check or Credit Card by using the attached myRSC participant login information.

Consent to Receive Certain Notifications and Other Correspondence Via Email

If you decide to enroll in the Group Health Enrollment Plan, you may elect to receive certain future correspondence and communications regarding your group health coverage with our organization via email rather than U.S. Postal Service first-class mail.

If you are interested in receiving certain future correspondence and communication via email rather than U.S. Mail, please sign where indicated below and return this signed document to us with your Enrollment Form and initial premium payment for the group health continuation coverage.

Please note, there are no automatic email notices from the system. All email transactions are manual.

I, Andrew Lis agree that future correspondence and notifications concerning my or my dependents, if any, participation in the Group Health Continuation Plan may be sent to me via email rather than in printed form using regular first-class U.S. Mail.

The email address to which the correspondence and notifications should be sent is :

I will keep you informed of any changes in my email address as they occur, and understand that notices and correspondence that are unsuccessfully delivered to my email address may not be printed and sent to me via U.S. Mail.

I also understand that my agreement to receive correspondence and notices may be revoked by me at any time, by simply notifying you in writing of my wish to begin receiving notices via U.S. Mail, and that some notices related to my Group Health Continuation Plan may still be sent to me via U.S. Mail rather than email, at your option.

Signature of [QB Name]_____ Date_____
